TOBACCO PREVENTION AND CONTROL PROGRAM

Program Boundary Statement

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Wisconsin Tobacco Prevention and Control Program 2007 Program Boundary Statement

For each performance-based contract program, the Division of Public Health (DPH) has identified a Boundary Statement. The Boundary Statement sets the parameters of the program within which the Local Public Health Department (LPHD), Tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility.

LPHDs, Tribes or agencies are encouraged to leverage resources across categorical funding to achieve common program goals. The Wisconsin Tobacco Prevention and Control Program aligns with the boundaries of the Maternal and Child Health and Prevention Block Grant Programs.

Program Boundary Statement:

The purpose of the Comprehensive Tobacco Prevention and Control Program is to address aggressively the burden of tobacco use and exposure in Wisconsin. Youth Prevention and Community grants for local communities are needed to prevent initiation of tobacco use among youth and adults, protect youth and adults from secondhand smoke, promote tobacco addiction treatment for adults and youth, and identify and eliminate tobacco-related disparities.

The Tobacco Prevention and Control Program focuses on all components of a comprehensive program. Best practices to achieve outcomes utilize population-based approaches emphasizing policy and environmental strategies. Community based efforts in tobacco control are strongly linked to the reduction of youth tobacco use and exposure to secondhand smoke.

Communities should strive to maintain coalitions that include members who are supportive of the primary goals and represent a diversity of individuals and organizations. Grantees must use research-based practices designed to change environments and develop policies that promote tobacco-free lifestyles.

Fully Funded Communities:

The following are required objectives for fully funded coalitions.

- One objective that promotes statewide policy and education priorities that may be outside of your funded jurisdiction, but will affect tobacco use and exposure. This will be a template objective. (Objective template #1 fulfills this requirement.)
- At least two objectives or 33% of the total contract amount (excluding the WI Wins allocation) must address community-wide smoke-free policy change or steps leading to local policy change. This can be a template or unique objective. Objectives that address voluntary smoke-free air policy changes, such as smoke-free homes and private worksites do NOT meet this requirement. (Objective templates #2 #4 fulfill this requirement.)

Wisconsin Wins Funding

The Division of Public Health will negotiate the Wisconsin Wins funding with the existing 2006 contractors. If an existing contractor declines to participate, DPH will pursue alternatives.

<u>If</u> LPHDs, Tribes or agencies are implementing the Wisconsin Wins program, they must use the <u>required</u> template objective for Wisconsin Wins that include the required five public outreach activities and five media outreach activities. These activities are an integral part of the Wisconsin Wins program. Media and public outreach is an efficient and effective way to communicate with and motivate community members and policy makers to support and/or get involved in the program. (See template objective #5.)

Communities that receive \$3,000

There is no required objective for communities that receive \$3,000; however, best practice strategies should be utilized to achieve smoke-free policy change, youth tobacco use prevention, promotion of tobacco treatment and addiction services and resources, and reduction of tobaccorelated disparities. Objectives can be template or unique including selecting the statewide education and outreach template objective.

Communities that receive \$10,000

There is one required objective for communities that receive \$10,000. The required objective promotes statewide policy and education priorities that may be outside of your funded jurisdiction but will affect tobacco use and exposure. This is a template objective. (Objective template #1 fulfills this requirement.)

Additional objectives can be template or unique. Best practice strategies should be utilized to achieve smoke-free policy change, youth tobacco use prevention, promotion of tobacco treatment and addiction services and resources, and reduction of tobacco-related disparities.

Linkage to the 2007-2009 Multi-Year Action Plan should be included in the context of each objective. All objectives must be linked to the long-term and annual goals of the Tobacco Prevention and Control State Plan.

The following are the Wisconsin Tobacco Prevention and Control State Plan's long-term and annual goals:

Long-term Program Goals:

- By December 31, 2010, 100% of workplaces will be smoke-free.
- By December 31, 2010, the percent of smoke-free homes with children will increase from 74% to 90%.
- By December 31, 2010, tobacco use among Wisconsin middle school (grades 6-8) youth will decrease from 16% in 2000 to 8% in 2010.
- By December 31, 2010, tobacco use among Wisconsin high school (grades 9-12) youth will decrease from 39% in 2000 to 21% in 2010.
- By December 31, 2010, the proportion of middle school youth that report having never tried tobacco will increase from 55% in 2000 to 85% in 2010.
- By December 31, 2010, the proportion of high school youth that report having never tried tobacco will increase from 31% in 2000 to 50% in 2010.
- By December 31, 2010, the number of emergency room visits by youth for asthmarelated illness will decrease.

- By December 31, 2010, current cigarette smoking among adults will decrease from 24% in 2000 to 18% in 2010.
- By December 31, 2010, tobacco consumption will decrease from 80 packs in 2000 to 60 packs in 2010.
- By December 31, 2010, a summary of best practice models to address and eliminate disparities will be printed and available for use in Wisconsin.
- By December 31, 2010, 100% of contracted agencies (coalitions & funded state programs) will continue to implement at least one strategy directed toward the elimination of tobacco-related disparities.
- By December 31, 2010, decrease the prevalence rate of cigarette use in low socioeconomic adult populations in Wisconsin from 33% to 25%.
- By December 31, 2010, the prevalence rate will decrease by 10% for Native American and African American populations.

Annual Program Goals:

Youth Prevention

- Increase the percent of smoke-free homes with children.
- Increase the number of communities with smoke-free workplace policies.
- Decrease the rate of youth access to tobacco products at retail outlets.
- Increase the percentage of public secondary schools that provide cessation/treatment referrals for students and faculty/staff.

Treating Tobacco Addiction

- Maximize utilization of evidence-based tobacco addiction treatment services and resources, including the Wisconsin Tobacco Quit Line, Fax to Quit, Clinical Practice Guidelines, and local research-based cessation services.
- Increase tobacco prevention and control efforts among communities and individuals disparately-impacted by tobacco, including but not limited to communities of color, low-income residents, alcohol and other drug abuse (AODA), and mental health populations.

Smoke-Free Air

- Encourage 100% of government owned buildings, facilities, and vehicles to be smokefree.
- Increase number of communities with smoke-free policies.
- Increase number of smoke-free homes with children.

Disparities

- Improve data information on disparately affected populations.
- Broaden partnerships to strengthen Wisconsin tobacco control efforts.
- Increase emphasis on disparities in existing tobacco control programs.
- Advocate for resources to eliminate tobacco-related disparities.
- Build capacity in disparately affected populations.
- Promote effective population-specific interventions.

Target Populations

All Wisconsin residents including but not limited to smokers, youth, disparate populations, and healthcare providers.

References:

Federal Regulations/Guidelines:

CDC Best Practices for Comprehensive Tobacco Control Programs
Clinical Practices Guideline: Treating Tobacco Use and Dependence
The Guide to Community Preventive Services: Tobacco Use Prevention and Control
CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction
Disparities in Smoke-Free Workplace Policies Among Food Service Workers

State of Wisconsin Statutes:

WI Statute s. 134.66 - Tobacco Retailer Compliance

Program Policies:

Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Wisconsin, WI Department of Health and Family Services 2006 Wisconsin Tobacco Prevention and Control Plan Wisconsin Tobacco Prevention and Control Program, Division of Public Health Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public

Optimal or Best Practice Guidance:

- With all objectives, communities will emphasize evidence-based practices. Policy and environmental change strategies, particularly smoke-free workplace policies, should receive priority consideration and resources.
- Consideration should be given to populations disparately affected by tobacco use and exposure. Populations may include individuals exposed to second-hand smoke at work, individuals who experience homelessness, people with substance abuse and chronic mental health problems, people who live in poverty or have lower levels of education, or racial, ethnic, or age-related groups that have greater tobacco use and exposure.

Unacceptable Objectives:

- While promotion of treating tobacco addiction services is acceptable, the provision of these services or pharmacotherapies will not be accepted as objectives.
- Objectives specifying increased knowledge about the dangers of tobacco use will not be approved unless targeted toward populations with demonstrated disparities related to tobacco. Wisconsin data indicates that the majority of individuals are knowledgeable about the dangers of tobacco use.

Relationship to State Health Plan: Healthiest Wisconsin 2010:

<u>Infrastructure Priorities:</u>

- Community Health Process and Plans
- Coordination of State and Local Public Health System Partnerships

Health Priorities:

- Tobacco Use and Exposure
- Social and Economic Factors that Influence Health
- Access to Primary Health and Preventive Health Services

Essential Public Health Services:

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Educate the public on current and emerging health issues.
- Promote community partnerships to identify and solve health problems.
- Create policies and plans that support community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed health services.
- Assure access to primary health care for all.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Foster the understanding and promotion of social and economic conditions that support good health.

Wisconsin Tobacco Prevention and Control Program 2007 Program Quality Criteria

Generally successful program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

- 1. **Assessment and surveillance** of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.
 - A. Fully funded contractees shall use a community multi-year tobacco control action plan that:
 - (1) Is based on a community assessment using available surveillance information, including statewide data sources and information regarding tobacco use collected by the local health department
 - (2) Utilizes community information (local, regional and/or statewide) regarding tobacco use, including prevalence by youth and adults, exposure to environmental tobacco smoke, and opinions about policy initiatives, disparate populations in the community and tobacco addiction treatment efforts
 - (3) Incorporates policy and environmental interventions that support behavior change
 - (4) Uses multiple approaches for tobacco use, prevention and control
 - (5) Tracks environmental changes over time.
- 2. **Delivery of public health services** to citizens by qualified health professionals in a manner that is family-centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.
 - A. Contractees shall provide one or more of the following components:
 - (1) prevention of initiation of tobacco use
 - (2) protection against exposure to environmental smoke
 - (3) promotion of linkages to tobacco addiction treatment resource services that work with health care providers and related services
 - (4) identify and reduce or eliminate disparities related to tobacco use
- 3. **Record keeping** for individual focused service that assures documentation and tracking of client health needs, response to known health care problems on a timely basis and confidentially of client information.
 - A. Generally, individual records are not a part of tobacco control strategies; the focus is on population-based systems and environmental change. However, it is possible that individual records might pertain in some initiative. If there are no individual records involved, this criterion is not applicable.

- 4. Information, education, and outreach programs, implementing and utilizing best practices, forming community partnerships and developing local earned media that is intended to address known health risks in general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
- 5. **Coordination** with related anti-tobacco initiatives and other health programs to ensure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
 - A. Partnerships shall be established to increase awareness and involvement. Collaboration efforts should be directed between local tobacco control coalitions and other partners of mutual interest and concern in the joint action to prevent tobacco use among adults and youth, change public policy to reduce exposure to environmental tobacco smoke, promote tobacco addiction treatment and target disparately impacted populations.
- 6. **A referral network** sufficient to assure the dissemination of information, accessibility and timely provision of services and follow-up of identified public health needs.
- 7. **Provision of guidance to staff** through training and technical assistance sufficient to ensure quality health and cost effective program administration.
 - A. Contractees must have written program information and incorporate current guidelines and standards for tobacco prevention and control in program planning. Guidelines and standards are those described in the following documents:

Federal Regulations/Guidelines:

- CDC Best Practices for Comprehensive Tobacco Control Programs http://www.cdc.gov/tobacco/bestprac.htm
- Clinical Practices Guideline: Treating Tobacco Use and Dependence
 The Guide to Community Preventive Services: Tobacco Use Prevention and Control http://www.cdc.gov/tobacco/comguide.htm
- CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction http://www.cdc.gov/tobacco/research_data/interventions/rr4302.pdf
- Disparities in Smoke-Free Workplace Policies Among Food Service Workers http://ash.org/foodserviceworkers.html

State of Wisconsin Statutes:

Tobacco Retailer Compliance with Wisconsin Law (ss.134.66)

Program Policies:

- Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Wisconsin, WI Department of Health and Family Services http://www.dhfs.state.wi.us/tobacco/pdffiles/DisparitiesStrategicPlan.pdf
- 2006 Wisconsin Tobacco Prevention and Control Plan

- http://www.tobwis.org/uploads/media/2006_State_Plan.pdf
- Wisconsin Tobacco Prevention and Control Program, Division of Public Health http://dhfs.wisconsin.gov/tobacco/
- Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public http://dhfs.wisconsin.gov/statehealthplan/
- B. Contractees will participate in regional and state sponsored technical assistance training events to meet identified specific needs.
- C. Contractees are expected to attend regional coalition coordinator networking sessions.
- 8. **Financial management practices** sufficient to ensure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and when required, pursuit of third party insurance and Medical Assistance coverage for services provided.
- 9. **Data collection, analysis, and reporting** to ensure program outcome goals are met or to identify program management problems that need to be addressed.
 - A. Contractees must report monitoring outcome information in support of identified program objectives. Semi-annual reports are required in a format provided by the state.
 - B. For WI WINS activities, contractees must file Palm OS real-time reports and quarterly reports on WI WINS investigations within 15 days of the end of the calendar quarter.

Tobacco Control / Outreach and Education (Required for Fully Funded Coalitions)

Objective Statement: By December 31, 2007, (insert number) strategies in support of tobacco control interventions in Wisconsin will be implemented by the (insert name of Coalition).

Deliverable: A report to include: 1) the number and description of strategies implemented by the (**insert name of Coalition**) in support of tobacco control interventions, 2) results achieved, 3) Coalition members involved, and 4) copies of related educational or media advocacy materials.

Context: Local tobacco control coalition efforts are an important component of the tobacco control movement in Wisconsin. The involvement of community residents and coalition members in education and outreach activities are key elements to sustaining a comprehensive tobacco control program. Best practices for community programs include participation in the promotion and support of tobacco control policies, programs and services. This leads to educating and mobilizing individuals, engaging leadership into dialogue and communication, offering opportunities for community-based activities and actions, and providing technical assistance and resources.

Data Source for Measurement: Agency records.

For Your Information: This objective is in response to local community concerns regarding the time and resources required to participate in the implementation of activities and strategies supportive of comprehensive tobacco control programs on the local and state levels. The Tobacco Prevention and Control Program recommends the following activities to help ensure success of this objective: media advocacy efforts, such as letters to the editor, editorial board visits, press conferences or press releases; active participation on local and statewide tobacco control workgroups and committees; organization of local meetings or presentations supporting tobacco control and prevention; educational efforts with community residents and leadership (personal meetings or visits); recruiting and training of individuals to promote and support tobacco control policies, programs and services. These activities are important components in an overall effort focused on the sustainability of tobacco control and prevention in Wisconsin. Educational activities for this objective should concentrate to those efforts that increase the knowledge of community leaders regarding the impact of tobacco control interventions through best practice strategies that lead toward the achievement of statewide tobacco control program and public health goals.

This Template Objective can be used to meet the Smoke-Free Air Requirement for Fully Funded Tobacco Control Coalitions:

Tobacco Control / Protect Against Secondhand Smoke

Objective Statement: By December 31, 2007, (**insert number**) community leaders or residents will actively participate in the development or implementation of a smoke-free public policy for (**insert name of community or county**).

Deliverable: A report to document or include: 1) names of the community leaders or residents and their affiliation and a summary of their active participation in the smoke-free public policy initiative, and 2) a copy of the public policy developed and/or implemented by (**insert name of community or county**).

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your Information: This objective can be used toward fulfillment of the Smoke-Free Air Requirement for Fully Funded Tobacco Control Coalitions. The Tobacco Prevention and Control Program recommends the following activities to help ensure success of this objective. Educate and involve community leaders and obtain participation. Support and provide opportunities for involvement (e.g., financial or in-kind contributions, obtain organizational endorsements, petition signing, meetings with council members.) Conduct presentations and personal meetings and visits to educate and obtain endorsements and participation. Target community leaders from the public health department and board of health, hospitals and clinics including physicians, youth groups, schools, senior citizen groups, teachers, churches and other health-related and community-based organizations.

This Template Objective can be used to meet the Smoke-Free Air Requirement for Fully Funded Tobacco Control Coalitions:

Tobacco Control / Protect Against Secondhand Smoke

Objective Statement: By December 31, 2007, (insert number) (choose any: municipality(ies), town(s), village(s)) in (insert name) County will newly adopt smoke-free public policies for (its/their) government buildings, vehicles and grounds.

Deliverable: A report to include copies of public policy statements newly adopted by (**insert name**) County governmental units related to smoke-fee air standards for their buildings, vehicles and grounds.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your Information: This objective can be used toward fulfillment of the Smoke-Free Air Requirement for Fully Funded Tobacco Control Coalitions.

This Template Objective can be used to meet the Smoke-Free Air Requirement for Fully Funded Tobacco Control Coalitions:

Tobacco Control / Protect Against Secondhand Smoke

Objective Statement: By December 31, 2007, (insert number) community(ies) will implement an educational initiative to address community-wide, smoke-free air policy change.

Deliverable: A report to document the educational campaign conducted including: 1) identified community(ies), 2) number and description of activities implemented, 3) number of individuals reached, and 4) results achieved, including media.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your Information: This objective can be used toward fulfillment of the Smoke-Free Air Requirement for Fully Funded Tobacco Control Coalitions. Activities for this objective include the following. Conduct community awareness and education activities. Provide training in smoke-free air policy and secondhand smoke. Designate media spokespersons and provide media training if needed. Conduct presentations and personal meetings to educate and obtain support. Target community leaders from public health departments and boards of health, hospitals and clinics including physicians, youth groups, schools, senior citizen groups, teachers, churches and other health-related and community-based organizations.

2007 Tobacco Program Template Objectives Required Objective for those agencies accepting WI Wins funding

Tobacco Control / Retailer Compliance with Restriction on Sales to Minors

Objective Statement: By December 31, 2007, (**insert number**) compliance investigations at licensed tobacco retail vendors, 5 related public outreach activities, and 5 related media outreach activities will be completed in (**choose:** (**insert name**) County - or - the jurisdiction of (**insert name**) Health Department) according to the prescribed schedule.

Deliverable: Palm OS real-time reports, and quarterly reports filed with WI Wins within 15 days of the end of the calendar quarter to list the number of compliance investigations completed, the number of citations issued (if any), and the number and description of related public and media outreach activities.

Context: The WI Wins campaign is an intervention program designed to help the state of Wisconsin stay in compliance with requirements of the federal Synar Regulation. A compliance investigation must use the Recognition and Reminder (R&R) protocol, which is a positive reinforcement program designed to support retailers who "do the right thing" and refuse sales to underage youth and remind those who would sell to minors of the legal and health consequences of such sales. The prescribed schedule is defined as completing half of the required investigations no later than July 31, 2007. There must be a total of 5 media and 5 public outreach activities conducted during the contract cycle.

Data Source for Measurement: Palm OS Data and quarterly reports that include a description of related public and media outreach activities.

For Your Information: The value that will be assigned to this objective equals \$50 times the number of compliance investigations contracted for.

2007 Tobacco Program Template Objectives The following Template Objectives are not required

Tobacco Control / Retailer Compliance with Restriction on Sales to Minors (WI Wins)

Objective Statement: By December 31, 2007, enforcement activities will be implemented by (name of agency issuing citations) in (insert name(s) of municipalities) in collaboration with WI Wins tobacco compliance inspections.

Deliverable: A copy of the Memorandum of Understanding with law enforcement or a copy of the local ordinance granting citation authority. Palm OS real-time reports, and quarterly reports filed with WI Wins within 15 days of the end of the calendar quarter to list the number of compliance investigations completed and number of citations issued.

Context: Enforcement activities will be integrated into the WI Wins protocols. WI Wins is an intervention program designed to help the state of Wisconsin stay in compliance with requirements of the federal Synar Regulation, as well as reduce youth tobacco consumption. These efforts are strengthened through increased enforcement of local and state laws prohibiting the sale of tobacco to minors.

Data Source for Measurement: Agency records, Palm OS Data reports and quarterly reports that include a description of related public and media outreach activities.

For Your Information: The value that will be assigned to this objective equals \$4 times the number of compliance investigations contracted for.

2007 Tobacco Program Template Objectives Tobacco Control / Protect Against Secondhand Smoke

Objective Statement: By December 31, 2007, (**insert number**) community organizations or programs (**insert name of jurisdiction**) that serve women of childbearing age, children, or families with children will implement a smoke-free homes initiative with their clients.

Deliverable: A report to include: 1) a list of the community organizations that implemented a smoke-free homes initiative, 2) the number of client interventions conducted, and 3) a summary of media.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your Information: The focus of this objective is for populations with demonstrated disparities for tobacco use including women of childbearing age, families with children under age 18, lower socioeconomic status and certain racial/ethnic groups. Smoke-free home initiatives should include education on the dangers of secondhand smoke exposure, earned media, commitment by families to implement smoke-free policies in their homes and vehicles, and referral to cessation resources including the Wisconsin Tobacco Quit Line.

2007 Tobacco Program Template Objectives Tobacco Control / Prevent Initiation

Objective Statement: By December 31, 2007, (insert number) anti-tobacco advocacy initiatives will be implemented by (insert name of county or municipality) youth.

Deliverable: A report to include: 1) documentation of the number of anti-tobacco advocacy initiatives implemented by (**insert name of county or municipality name**) youth, 2) a description and results of activities conducted including the names or number of youth involved, and 3) copies of media advocacy efforts.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

2007 Tobacco Program Template Objectives Tobacco Control / Prevent Initiation

Objective Statement: By December 31, 2007, (**insert number**) public or private entities in (**insert name of county or municipality**) will implement a tobacco-related policy change influenced by efforts involving youth-led activism.

Deliverable: A report to include: 1) a list of the public or private entities in (**insert name of county or municipality**) that implemented a tobacco-related policy change, 2) the tobacco-related policy change they implemented, and 3) documentation of related youth-led activities.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your Information: Examples of policy change can be: pharmacies no longer selling tobacco products, community events adopting policies that prohibit tobacco company sponsorship, tobacco retailers who place tobacco products behind the counter, tobacco retailers who decrease the amount of in-store tobacco ads and promotions, restricting tobacco industry promotion at community festivals and sporting events.

2007 Tobacco Program Template Objectives Tobacco Control / Prevent Initiation

Objective Statement: By December 31, 2007, (insert number) (choose: school districts - or - schools) in (insert name of county or municipality) will newly implement a tobacco-related peer education program or youth-led movement.

Deliverable: A report to include: 1) a list of the (**insert name of county or municipality**) (**choose: school districts - or - schools**) that implemented a tobacco-related peer education program or youth-led movement, and 2) a brief description of the related efforts including dates, activities, number of youth involved, and number of youth reached.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change. Identify the tobacco-related peer education program or youth-led movement that you will be implementing.

Data Source for Measurement: Agency records.

For Your Information: Examples include peer education programs such as TATU (Teens Against Tobacco Use, American Lung Association) and youth-led movements such as FACT (Fighting Against Corporate Tobacco, Wisconsin's youth-led movement).

2007 Tobacco Program Template Objectives Tobacco Control / Promote Tobacco Addiction Treatment

Objective Statement: By December 31, 2007, (insert number) (insert name) WIC Program clients will participate in the Wisconsin Tobacco Quit Line, Fax to Quit Program or other evidence-based tobacco addiction treatment services.

Deliverable: A report to include documentation of the number of (**insert name**) WIC Program clients who participated in the Fax to Quit Program, or who accessed other evidence-based services.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your Information: WIC Program staff will be educated on the Wisconsin Tobacco Quit Line, Fax to Quit Program or relevant evidence-based strategies. If one does not already exist, an implementation plan, including a protocol on how participants will be recruited and receive follow-up, will be developed. If one exists, it should be reviewed and revised in order to assure effective maintenance of the protocol. Technical assistance will be provided and sample policies and protocols shared for implementation if requested.

2007 Tobacco Program Template Objectives <u>Tobacco Control / Promote Tobacco Addiction Treatment</u>

Objective Statement: By December 31, 2007, (insert number) (insert name of county or municipality) [choose either: worksite(s) or community based organization(s)] who serve populations with disparities related to tobacco will newly implement or maintain an existing policy to identify and refer clients who use tobacco to the Wisconsin Tobacco Quit Line, Fax to Quit Program, or other evidence-based tobacco addiction treatment services.

Deliverable: A report to include the list of (insert name of county or municipality) organization(s) that newly implemented or maintained the policy and a copy of the protocol or internal memo detailing implementation or maintenance of referrals to the Quit Line or other tobacco addiction treatment services. Reports from the Wisconsin Tobacco Quit Line and the Fax to Quit program can also be submitted to demonstrate utilization of the Quit Line resources.

Context: Targeted organizations will include faith-based, private and public agencies, and non-profit agencies, especially those serving populations with a disparity related to the burden of tobacco use. Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your information: Organizations will receive education on tobacco dependence and its treatment among populations with disparities in the burden of tobacco, including Medical Assistance coverage of pharmacotherapy and counseling. Technical assistance will be provided and sample policies and protocols shared for implementation or maintenance of the policy appropriate for each targeted population.

2007 Tobacco Program Template Objectives Tobacco Control / Healthcare Providers and Systems-based Change

Objective Statement: By December 31, 2007, (insert number) (insert name of county or municipality) [choose from the following: health care, substance abuse, or mental health facility(ies), department(s), system(s)] will newly implement or improve a system of addressing tobacco dependence following the 5 A's protocol which includes; ask, advise, assess, assist, arrange for follow-up.

Deliverable: A report to include the list of (**insert name of county or municipality**) facilities, departments or systems that newly implemented or improved a system of addressing tobacco dependence. The report will also include dates of any trainings conducted, names of those who attended, information regarding the implementation or maintenance of evidence-based cessation support, copies of internal policy, protocol, memo or minutes/notes of team meetings, internal chart review, tobacco addiction treatment counseling and pharmacotherapy claims, or results of evaluation.

Context: Explain how this objective relates to your community's multi-year action plan and shows progress toward effective policy change.

Data Source for Measurement: Agency records.

For Your information: The coalition will facilitate the provision of training and technical assistance on the application of the 5 A's. This may include but is not limited to trainings and technical assistance on sample policies, protocols and continuous program improvement plans. Coalitions should support the use of new or existing multi-disciplinary teams to foster system development or maintenance.